

CLAIM OF: STATE FARM INSURANCE COMPANIES
AS SUBROGEE OF GRISELDA M. FERRARA
11350 Johns Creek Parkway
Duluth, Georgia 30098-0001

For damages alleged to have been sustained as a result of a vehicular accident on March 30, 2000 at Freedom Parkway and Boulevard.

BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to STATE FARM INSURANCE COMPANIES AS SUBROGEE OF GRISELDA M. FERRARA the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on March 30, 2000 at Freedom Parkway and Boulevard as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0381

Date: July 28, 2000

Claimant /Victim STATE FARM INSURANCE COMPANIES AS SUBROGEE OF GRISELDA M. FERRARA
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001
Subrogation: X Claim for Property damage \$ 2,705.63 Bodily Injury \$ _____
Date of Notice: 06/12/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 03/30/00 Place: Freedom Parkway and Boulevard
Department Police Division: _____
Employee involved Lorenzo James Lockett Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle was following too closely and rear-ended the claimant's vehicle causing damages in the above amount.

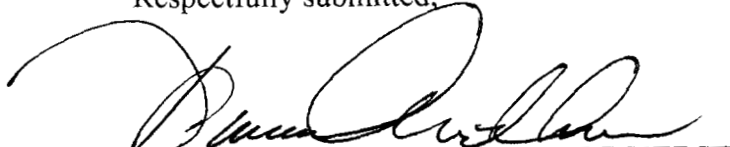
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

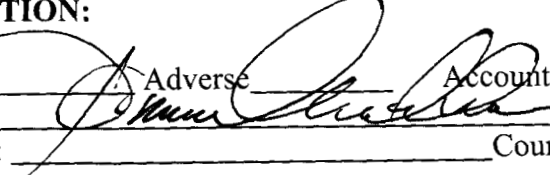
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 07-28-00
Committee Action: _____ Council Action _____

State Farm Insurance Companies



M. Mitchell
06/19/00
pm

June 9, 2000

06-12-00 P04:49 IN

Auto Claim Central - Subrogation U
11350 Johns Creek Parkway
Duluth, GA 30098-0001

Council Of The City Of Atlanta Clerk Of Council City Hall
55 Trinity Street
Atlanta, GA 30335

ENTERED - 6-22-00 - SB
00L0381 - DIANNE MITCHELL

RE: Our Claim Number: 11-3442-619
Our Insured: Griselda M. Ferrara
Date of Loss: March 30, 2000
Amt. State Farm Paid: \$2,205.63
Insured's Deductible: \$500.00
\$2705.63 total
Your Insured: City Of Atlanta Police Department
Address: 675 Ponce Deleon Ave
Atlanta, GA 30315
Claim Number:
Policy Number:

JUN 12

Dear Council Of The City Of Atlanta Clerk Of Council City Hall:

We have been informed that you are the insurance carrier for the party designated as your insured in the above caption.

Our investigation indicates that your insured is responsible for this loss.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in this matter.

Sincerely,

Angela

Angela Hogg
Claim Specialist
(770) 418-6835

State Farm Mutual Automobile Insurance Company

Enclosure

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0381

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Lorenzo James Lockett, from any and
all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for
or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident
which occurred on or about the 30th day of March, 2000,

at or near Freedom Parkway and Boulevard.

It is further understood and agreed that the payment of the above named sum is not to be considered as an
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
undersigned further covenants and agrees to ~~indemnify and hold harmless~~ the City of Atlanta, its officers, agents,
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
instrument.

WITNESS my hand and seal this 25 day of July, 2000.

State Farm Insurance Companies
as Subrogee of Geisel da M Ferrara (S)
STATE FARM INSURANCE COMPANIES AS
SUBROGEE OF GEISELDA M. FERRARA

The above release was read and explained to, and signed by the said Claris Specialist
Ashley E Sheffield Inspector in our presence on the date above written.



Frankie Garner
Witnesses

00- -1238

Entered - 07/14/00 - dp
CL 00L0431 - GWENDOLYN BURNS

CLAIM OF: **DANIEL STERNER**

3044 Langley Close
Kennesaw, Georgia 30144

For damages alleged to have been sustained as a result
of a vehicular accident on June 26, 2000 at 1676
Monroe Drive NE.

**BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE:**

BE IT RESOLVED by the Council of the City of
Atlanta that the action of the Department of Law be
approved in authorizing payment to **DANIEL
STERNER** the sum of **\$1,000.00** in full settlement and
satisfaction of all claims, past, present and future, of
every kind and character for damages alleged to have
been sustained as a result of a vehicular accident on
June 26, 2000 at 1676 Monroe Drive NE as is more
particularly set forth in the within claim; said sum taken
from and charged to account 1A01/529017/T31001,
Settlement of Suits and Claims, Department of Law.

APPROVED: **SUSAN PEASE LANGFORD**
CITY ATTORNEY

B: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0431

Date: August 3, 2000

Claimant /Victim DANIEL STERNER

BY: (Atty) (Ins. Co.) _____

Address: 3044 Langley Close, Kennesaw, Georgia 30144

Subrogation: _____ Claim for Property damage \$ 1,153.05 Bodily Injury \$ _____

Date of Notice: 7/12/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/26/00 Place: Monroe Drive (near Piedmont Road)

Department PUBLIC WORKS Division Solid Waste Services

Employee involved Leon Manigault Disciplinary Action: Administrative leave pending dismissal

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck by a city vehicle that was "failed to yield to oncoming traffic". The city employee was cited for same.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

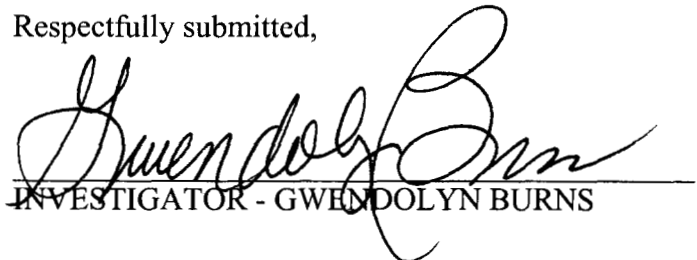
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-04-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/1/2000

Dear Municipal Clerk:

ENTERED - 7-14-00 - SB

00L0431 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,153.05 + rental car property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 6/26/2000 2. Time of Incident: 12:30 pm 3. Police called: X
(month/day/ year) Yes No

4. Location of incident (including street address): Monroe Drive near Piedmont Rd at Publix Shopping Center

5. Name of your insurance company: Geico Policy No. 371-37-50

6. State what and how incident occurred: See Atlanta Police report no. 001780923

A city sanitation truck making a left onto monroe drive hit my car while making his turn, violating my right of way

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota 1994 481JFM Daniel Sterner
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: See Atlanta Police Report 001780923 Sanitation
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Mike Lambirth 2110 Berryhill Circle SE Smyrna 30082 (404) 724-3775
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Daniel Sterner
(Print Claimant's Name)

3044 Langley Close
(Address)

Kennesaw GA 30144
(City, State and Zip Code)

(404) 588-8070
(Work Number)

(770) 795-8996
(Home Number)

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0431


\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100
 DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
discharge said City, its officers and employees, including but not limited to Steven Edward Cox, from
any and all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or
nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular
accident which occurred on or about the 26th day of June, 2000,
at or near 1676 Monroe Drive NE.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 3rd day of August, 19 2000.

 (LS)
DANIEL STERNER

_____ (LS)

The above release was read and explained to, and signed by the said **Daniel Sterner**

_____ in our presence on the date above written.

WITNESSES